Abolish Psychiatry as a Medical Specialty

23–29 minutes

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by Lawrence Stevens, J.D.

Psychiatry should be abolished as a medical specialty because medical school education is not needed nor even helpful for doing counselling or so-called psychotherapy, because the perception of mental illness as a biological entity is mistaken, because psychiatry's "treatments" other than counselling or psychotherapy (primarily drugs and electroshock) hurt rather than help people, because nonpsychiatric physicians are better able than psychiatrists to treat *real* brain disease, and because nonpsychiatric physicians' acceptance of psychiatry as a medical specialty is a poor reflection on the medical profession as a whole.

In the words of Sigmund Freud in his book *The Question of Lay Analysis:* "The first consideration is that in his medical school a doctor receives a training which is more or less the opposite of what he would need as a preparation for psycho-analysis [Freud's method of psychotherapy]. ... Neurotics, indeed, are an undesired complication, an embarrassment as much to therapeutics as to jurisprudence and to military service. But they exist and are a particular concern of medicine. Medical education, however, does nothing, literally nothing, towards their understanding and treatment. ... It would be tolerable if medical education merely failed to give doctors any orientation in the field of the neuroses. But it does more: it given them a false and detrimental attitude. ...analytic instruction would include branches of knowledge which are remote from medicine and which the doctor does not come across in his practice: the history of civilization, mythology, the psychology of religion and the science of literature. Unless he is well at home in these subjects, an analyst can make nothing of a large amount of his material. By way of compensation, the great mass of what is taught in medical schools is of no use to him for his purposes. A knowledge of the anatomy of the tarsal bones, of the constitution of the carbohydrates, of the course of the cranial nerves, a grasp of all that medicine has brought to light on bacillary exciting causes of disease and the means of combating them, on serum reactions and on neoplasms - all of this knowledge, which is undoubtedly of the highest value in itself, is nevertheless of no consequence to him; it does not concern him; it neither helps him directly to understand a neurosis and to cure it nor does it contribute to a sharpening of those intellectual capacities on which his occupation makes the greatest demands. ... It is unjust and inexpedient to try to compel a person who wants to set someone else free from the torment of a phobia or an obsession to take the roundabout road of the medical curriculum. Nor will such an endeavor have

any success..." (W.W. Norton & Co, Inc., pp. 62, 63, 81, 82). In a postscript to this book Dr. Freud wrote: "Some time ago I analyzed [psychoanalyzed] a colleague who had developed a particularly strong dislike of the idea of anyone being allowed to engage in a medical activity who was not himself a medical man. I was in a position to say to him: 'We have now been working for more than three months. At what point in our analysis have I had occasion to make use of my medical knowledge?' He admitted that I had had no such occasion" (pp. 92-93). While Dr. Freud made these remarks about his own method of psychotherapy, psychoanalysis, it is hard to see why it would be different for any other type of "psychotherapy" or counselling. In their book about how to shop for a psychotherapist, Mandy Aftel, M.A., and Robin Lakoff, Ph.D., make this observation: "Historically, all forms of 'talking' psychotherapy are derived from psychoanalysis, as developed by Sigmund Freud and his disciples ... More recent models diverge from psychoanalysis to a greater or lesser degree, but they all reflect that origin. Hence, they are all more alike than different" (*When Talk Is Not Cheap, Or How To Find the Right Therapist When You Don't Know Where To Begin,* Warner Books, 1985, p. 27).

If you think the existence of psychiatry as a medical specialty is justified by the existence of biological causes of so-called mental or emotional illness, you've been misled. In 1988 in *The New Harvard Guide to Psychiatry* Seymour S. Kety, M.D., Professor Emeritus of Neuroscience in Psychiatry, and Steven Matthysse, Ph.D., Associate Professor of Psychobiology, both of Harvard Medical School, said "an impartial reading of the recent literature does not provide the hoped-for clarification of the catecholamine hypotheses, nor does compelling evidence emerge for other biological differences that may characterize the brains of patients with mental disease" (Harvard Univ. Press, p. 148). So-called mental or emotional "illnesses" are caused by unfortunate life experience - not biology. There is no biological basis for the concept of mental or emotional illness, despite speculative theories you may hear. The brain is an organ of the body, and no doubt it can have a disease, but nothing we think of today as mental illness has been traced to a brain disease. There is no valid biological test that tests for the presence of any so-called mental illness. What we think of today as mental illness is psychological, not biological. Much of the treatment that goes on in psychiatry today is biological, but other than listening and offering advice, modern day psychiatric treatment is as senseless as trying to solve a computer software problem by working on the hardware. As psychiatry professor Thomas Szasz, M.D., has said: Trying to eliminate a so-called mental illness by having a psychiatrist work on your brain is like trying to eliminate cigarette commercials from television by having a TV repairman work on your TV set (*The Second Sin*, Anchor Press, 1973, p. 99). *Since lack of health is not the cause of the problem, health care is not a solution.*

There has been increasing recognition of the uselessness of psychiatric "therapy" by physicians outside psychiatry, by young physicians graduating from medical school, by informed lay people, and by psychiatrists themselves. This increasing recognition is described by a psychiatrist, Mark S. Gold, M.D., in a book he published in 1986 titled *The Good News About Depression.* He says "Psychiatry is sick and dying," that in 1980 "Less than half of all hospital psychiatric positions [could] be filled by graduates of U.S. medical schools." He says that in addition to there being too few physicians interested in becoming psychiatrists, "the talent has sunk to a new low." He calls it "The wholesale abandonment of psychiatry". He says recent medical school graduates "see that psychiatry is out of sync with the rest of medicine, that it has no credibility", and he says they accuse of psychiatry of being "unscientific". He says "Psychiatrists have sunk bottomward on the earnings totem pole in

medicine. They can expect to make some 30 percent less than the average physician". He says his medical school professors thought he was throwing away his career when he chose to become a psychiatrist (Bantam Books, pp. 15, 16, 19, 26). In another book published in 1989, Dr. Gold describes "how psychiatry got into the state it is today**:** in low regard, ignored by the best medical talent, often ineffective." He also calls it "the sad state in which psychiatry finds itself today" *(The Good News About Panic, Anxiety, & Phobias*, Villard Books, pp. 24 & 48). In the November/December 1993 *Psychology Today* magazine, psychiatrist M. Scott Peck, M.D., is quoted as saying psychiatry has experienced "five broad areas of failure" including "inadequate research and theory" and "an increasingly poor reputation" (p. 11). Similarly, a *Wall Street Journal* editorial in 1985 says "psychiatry remains the most threatened of all present medical specialties", citing the fact that "psychiatrists are among the poorest-paid American doctors", that "relatively few American medical-school graduates are going into psychiatric residencies", and psychiatry's "loss of public esteem" (Harry Schwartz, "A Comeback for Psychiatrists?", *The Wall Street Journal*, July 15, 1985, p. 18).

The low esteem of psychiatry in the eyes of physicians who practice bona-fide health care (that is, physicians in medical specialties other than psychiatry) is illustrated in *The Making of a Psychiatrist*, Dr. David Viscott's autobiographical book published in 1972 about what it was like to be a psychiatric resident (i.e., a physician in training to become a psychiatrist): "I found that no matter how friendly I got with the other residents, they tended to look on being a psychiatrist as a little like being a charlatan or magician." He quotes a physician doing a surgical residency saying "You guys [you psychiatrists] are really a poor excuse for the profession. They should take psychiatry out of medical school and put it in the department of archeology or anthropology with the other witchcraft.' 'I feel the same way,' said George Maslow, the obstetrical resident..." (pp. 84-87).

It would be good if the reason for the decline in psychiatry that Dr. Gold and others describe was increasing recognition by ever larger numbers of people that the problems that bring people to psychiatrists have nothing to do with biological health and therefore cannot be helped by biological health care. But regrettably, belief in biological theories of so-called mental illness is as prevalent as ever. Probably, the biggest reason for psychiatry's decline is realization by ever increasing numbers of people that those who consult mental health professionals seldom benefit from doing so.

E. Fuller Torrey, M.D., a psychiatrist, realized this and pointed it out in his book *The Death of Psychiatry* (Chilton Book Co., 1974). In that book, Dr. Torrey with unusual clarity of perception and expression, as well as courage, pointed out "why psychiatry in its present form is destructive and why it must die." (This quote comes from the synopsis on the book's dust cover.) Dr. Torrey indicates that many psychiatrists have begun to realize this, that "Many psychiatrists have had, at least to some degree, the unsettling and bewildering feeling that what they have been doing has been largely worthless and that the premises on which they have based their professional lives were partly

fraudulent" (p. 199, emphasis added). 

Presumably, most physicians want to do something that is constructive, but psychiatry isn't a field in which they can do that, at least, not in their capacity as physicians - for the same reason TV repairmen who want to improve the quality of television programming cannot do so in their capacity as TV repairmen. In *The Death of Psychiatry*, Dr. Torrey argued that "The death of psychiatry, then, is not a negative event" (p. 200), because the death of psychiatry will bring to an end a misguided, stupid, and counterproductive approach to trying to solve people's problems. Dr. Torrey argues that psychiatrists have only two scientifically legitimate and constructive choices: Either limit their practices to diagnosis and treatment of known brain diseases (which he says are "no more than 5 percent of the people we refer to as mentally 'ill'" (p. 176), thereby abandoning the practice of psychiatry in favor of bona-fide medical and surgical practice that treats real rather than presumed but unproven and probably nonexistent brain disease - or become what Dr. Torrey calls "tutors" (what I call counselors) in the art of living, thereby abandoning their role as physicians. Of course, psychiatrists, being physicians, can also return to real health care practice by becoming family physicians or qualifying in other specialties.

In an *American Health* magazine article in 1991 about Dr. Torrey, he is quoted saying he continues to believe psychiatry should be abolished as a medical specialty: "He calls psychiatrists witch doctors and Sigmund Freud a fraud. For almost 20 years Dr. E. (Edwin) Fuller Torrey has also called for the 'death' of psychiatry. ...No wonder Torrey, 53, has been expelled from the American Psychiatric Association (APA) and twice removed from positions funded by the National Institute of Mental Health ... In *The Death of Psychiatry*, Torrey advanced the idea that most psychiatric and psychotherapeutic patients don't have medical problems. '...most of the people seen by psychotherapists are the 'worried well.' They have interpersonal and intrapersonal problems and they need counseling, but that isn't medicine - that's education. Now, if you give the people with brain diseases to neurology and the rest to education, there's really no need for psychiatry'" *(American Health* magazine, October 1991, p. 26).

The disadvantage to the whole of the medical profession of recognizing psychiatry as a legitimate medical specialty occurred to me when I consulted a dermatologist for diagnosis of a mole I thought looked suspiciously like a malignant melanoma. The dermatologist told me my mole did indeed look suspicious and should be removed, and he told me almost no risk was involved. This occurred during a time I was doing research on electroshock, which I have summarized in a pamphlet titled "Psychiatry's Electroconvulsive Shock Treatment - A Crime Against Humanity". I found overwhelming evidence that psychiatry's electric shock treatment causes brain damage, memory loss, and diminished intelligence and doesn't reduce unhappiness or so-called depression as is claimed. About the same time I did some reading about psychiatric drugs that reinforced my impression that

most if not all are ineffective for their intended purposes, and I learned many of the most widely used psychiatric drugs are neurologically and psychologically harmful, causing permanent brain damage if used at supposedly therapeutic levels long enough, as they often are not only with the approval but the insistence of psychiatrists. I have explained my reasons for these conclusions in another pamphlet titled "Psychiatric Drugs - Cure or Quackery?" Part of me tended to assume the dermatologist was an expert, be trusting, and let him do the minor skin surgery right then and there as he suggested. But then, an imaginary scene flashed through my mind: A person walks into the office of another type of *recognized, board-certified* medical specialist: a psychiatrist. The patient tells the psychiatrist he has been feeling depressed. The psychiatrist, who specializes in giving outpatient electroshock, responds saying: "No problem. We can take care of that. We'll have you out of here within an hour or so feeling much better. Just lie down on this electroshock table while I use this head strap and some electrode jelly to attach these electrodes to your head..." In fact, there is no reason such a scene couldn't actually take place in a psychiatrist's office today. Some psychiatrists *do* give electroshock in their offices on an outpatient basis. Realizing that physicians in the other, the bona-fide, medical and surgical specialties accept biological psychiatry and all the quackery it represents as legitimate made (and makes) me wonder if physicians in the other specialties are undeserving of trust also. I left the dermatologist's office without having the mole removed, although I returned and had him remove it later after I'd gotten opinions from other physicians and had done some reading on the subject. Physicians in the other specialties accepting biological psychiatry as legitimate calls into question the reasonableness and rationality not only of psychiatrists but of all physicians.

On November 30, 1990, the *Geraldo* television talk show featured a panel of former electroshock victims who told how they were harmed by electroshock and by psychiatric drugs. Also appearing on the show was psychoanalyst Jeffrey Masson, Ph.D., who said this: "Now we know that there's no other medical specialty which has patients complaining bitterly about the treatment they're getting. You don't find diabetic patients on this kind of show saying 'You're torturing us. You're harming us. You're hurting us. Stop it!' And the psychiatrists don't want to hear that." Harvard University law professor Alan M. Dershowitz has said psychiatry "is not a scientific discipline" ("Clash of Testimony in Hinckley Trial Has Psychiatrists Worried Over Image", *The New York Times*, May 24, 1982, p. 11). *Such a supposed health care specialty should not be tolerated within the medical profession.*

There is no need for a supposed medical specialty such as psychiatry. When real brain diseases or other biological problems exit, physicians in real health care specialties such as neurology, internal medicine, endocrinology, and surgery are best equipped to treat them. People who have experience with similar kinds of personal problems are best equipped to give counselling about dealing with those problems.

Despite the assertion by Dr. Torrey that psychiatrists can choose to practice real health care by limiting themselves to the 5% or less of psychiatric patients he says do have real brain disease, as even Dr. Torrey himself points out, any time a physical cause is found for any condition that was previously thought to be psychiatric, the condition is taken away from psychiatry and treated instead by physicians in one of the real health care specialties: "In fact, there are many known diseases of the brain, with changes in both structure and function. Tumors, multiple sclerosis, meningitis, and neurosyphilis are some examples. But these diseases are considered to be in the province of neurology

rather than psychiatry. And the demarcation between the two is sharp. ... one of the hallmarks of psychiatry has been that each time causes were found for mental 'diseases,' the conditions were taken away from psychiatry and reassigned to other specialties. As the mental 'diseases' were show to be true diseases, mongolism and phenylketonuria were assigned to pediatrics; epilepsy and neurosyphilis became the concerns of neurology; and delirium due to infectious diseases was handled by internists. ... One is left with the impression that psychiatry is the repository for all suspected brain 'diseases' for which there is no known cause. And this is indeed the case. None of the conditions that we now call mental 'diseases' have any known structural or functional changes in the brain which have been verified as causal. ... This is, to say the least, a peculiar specialty of medicine" (*The Death of Psychiatry*, p. 38-39). Neurosurgeon Vernon H. Mark, M.D., made a related observation in his book *Brain Power,* published in 1989: "Around the turn of the century, two common diseases caused many patients to be committed to mental hospitals: pellagra and syphilis of the brain. ... Now both of these diseases are completely treatable, and they are no longer in the province of psychiatry but are included in the category of general medicine" (Houghton Mifflin Co., p. 130).

The point is that if psychiatrists want to treat bona-fide brain disease, they must do so as neurologists, internists, endocrinologists, surgeons, or as specialists in one of the other, the *real*, health care specialties - not as psychiatrists. Treatment of real brain disease falls within the scope of the other specialties. Historically, treatment of real brain disease has not fallen within the scope of psychiatry. It's time to stop the pretense that psychiatry is a type of health care. The American Board of Psychiatry and Neurology should be renamed the American Board of Neurology, and there should be no more specialty certifications in psychiatry. Organizations that formally represent physicians such as the American Medical Association and American Osteopathic Association and similar organizations in other countries should cease to recognize psychiatry as a bona-fide branch of the medical profession.

THE AUTHOR, Lawrence Stevens, is a lawyer whose practice has included representing psychiatric "patients". His pamphlets are not copyrighted. You are invited to make copies for distribution to those who you think will benefit.

1998 UPDATE

"I view with no surprise that psychiatric training is being systemically disavowed by American medical school graduates. This must give us cause for concern about the state of today's psychiatry. It must mean, at least in part, that they view psychiatry as being very limited and unchallenging. ...there are no external validating criteria for psychiatric diagnoses. There is neither a blood test nor specific anatomic lesions for any major psychiatric disorder. So, where are we? ... Is psychiatry a hoax, as practiced today?" *From a letter dated December 4, 1998 by Loren R. Mosher, M.D., a psychiatrist, resigning from the American Psychiatric Association.*

1999 UPDATE

According to an article in the September 1999 *American Journal of Psychiatry* titled Attitudes Toward Psychiatry as a Prospective Career Among Students Entering Medical School, by David Feifel, M.D., Ph.D., Christine Yu Moutier, M.D. and Neal R. Swerdlow, M.D., Ph.D.**:**"The number of U.S. medical graduates choosing careers in psychiatry is in decline. In order to determine whether this disinclination toward psychiatry occurs before versus during medical school, this study surveyed medical students at

the start of their freshman year. ... these students begin their medical training viewing a career in psychiatry as distinctly and consistently less attractive than other specialties surveyed. More than one-quarter of the new medical students had already definitively ruled out a career in psychiatry. New medical students rated psychiatry significantly lower than each of the other specialties in regard to the degree to which it was a satisfying job, financially rewarding, enjoyable work, prestigious, helpful to patients, dealing with an interesting subject matter, intellectually challenging, drawing on all aspects of medical training, based on a reliable scientific foundation, expected to have a bright and interesting future, and a rapidly advancing field of understanding and treatment. ... Contrasting these results with previous studies suggests that an erosion has occurred over the past two decades in the attitudes that new medical students hold toward psychiatry." [underline added]

2000 UPDATE

"Psychiatric disorders are vastly different from physical disorders, however, because our understanding of how the normal brain works is incomplete. ... We know very little, however, about the neurological processes of learning, memory, thoughts, reasoning, and consciousness, and the production of emotions. ... The treatment you receive depends on the orientation of your psychiatrist, not on a solid foundation of knowledge about the etiology and pathogenesis of the disorder itself." Edward Drummond, M.D., Associate Medical Director at Seacoast Mental Health Center in Portsmouth, New Hampshire, in his book *The Complete Guide to Psychiatric Drugs* (John Wiley & Sons, Inc., New York, 2000), pages 8-9. Dr. Drummond graduated from Tufts University School of Medicine and was trained in psychiatry at Harvard University.

2001 UPDATE

"...biopsychiatry is a belief system, no more scientifically valid than any religion or philosophy. ... *Iatrogenesis* is defined as a doctor-inflicted injury, illness, or disease. ... In malpractice, a doctor is found guilty of acting against medical code in violation of the so-called standard of care. However, malpractice is only one kind of clinical iatrogenesis and is actually the least of our worries. Most of the damage inflicted by modern medicine occurs within the standard of care of ordinary practice. As noted, **106,000 Americans died in 1994 from medications that were administered *properly*, makng this the fourth leading cause of death, while two million more suffered from serious side effects.** ... Among institutional psychiatrists and psychologists, there are two major strategies of 'treatment'**:** drugs and behavior modification. There really is nothing else seriously discussed, and it would be fair to say that in i**nstitutional mental health 'treatment' is synonymous with 'manipulation.**' ... **institutional mental health's diagnoses are unreliable and invalid - and thus unscientific - rendering them more diversionary than useful. ... Know that sticks and stones may break your bones, but DSM* does permanent damage." Bruce Levine, Ph.D. (psychologist)**, *Commonsense Rebellion: Debunking Psychiatry, Confronting Society* (Continuum, New York, 2001), pp. 65, 103, 178, 269, 277.

Does Mental Illness Exist?

37–47 minutes

All diagnosis and treatment in psychiatry presupposes the existence of something called mental illness, mental disease, or mental disorder. What is meant by *disease*, *illness*, or *disorder?* In a semantic sense *disease* means simply *dis-ease*, the opposite of ease. But by disease we don't mean *anything* that causes a lack of ease, since this definition would mean losing one's job or a war or economic recession or an argument with one's spouse qualifies as "disease". In his book *Is Alcoholism Hereditary?* psychiatrist Donald W. Goodwin, M.D., discusses the definition of disease and concludes "Diseases are something people see doctors for. ... Physicians are consulted about the problem of alcoholism and therefore alcoholism becomes, by this definition, a disease" (Ballantine Books 1988, p. 61). Accepting this definition, if for some reason people consulted physicians about how to get the economy out of recession or how to solve a disagreement with one's mate or a bordering nation, these problems would also qualify as "disease". But everybody knows this is not what we mean when we use the word *disease*. In his discussion of the definition of disease, Dr. Goodwin acknowledges there is "a narrow definition of disease that requires the presence of a biological abnormality" (*Id*). In his book *Psychiatry—The Science of Lies* (Syracuse University Press 2008, p. 33), psychiatry professor Thomas Szasz, M.D., says "Disease is an abnormal condition of the body, impairing its function." Dr. Szasz's definition of disease is consistent with the definition in *Dorland's Illustrated Medical Dictionary, 32nd Edition* (Elsevier Sanders 2012). *Dorland's* is the most highly respected medical dictionary in existence. *Dorland's* defines "illness" with a single word: "disease" (p. 914) and defines disease as follows (p. 527):

By this definition, if no abnormality *of the body* can be found, no disease or illness can be known to exist. Unproved theories about etiology, pathology and prognosis are speculation. In this essay and those that follow, I will show there are no known biological or bodily abnormalities causing so-called mental illness or mental disease and that therefore *they have not been proved to exist*. Equally importantly, I will show so-called mental illness, disease, or disorder does not exist in even a non-biological sense other than as a way of expressing *disapproval* of some aspect of a person's behavior or thinking.

The term "disorder" is often incorrectly used interchangeably with illness or disease. In January 2012 I had a conversation with a "board-certified behavior analyst", a type of mental health professional separate from psychiatry, psychology, counselling, and social work I had not heard of before. (See the Behavior Analyst Certification Board web site, bacb.com.) She told me she was employed full-time working with autistic children in a public school. When I questioned the reality of autism as a disease, she replied, "It's not a disease. It's a disorder." In Lecture 13 of his "Medical Myths, Lies, and Half-Truths" course (available on DVD at thegreatcourses.com), Steven Novella, M.D., a neurology professor at Yale School of Medicine, provides these definitions:

> The core myth of this lecture is that all diagnoses are the same and are equally valid, when the truth is that we arrive at these labels in very different ways.
>
> For example, there are some diagnoses which we would call a disease, a disease like

> diabetes, which is a pathological disorder where we can identify that there is something specific malfunctioning in some specific part of the body that is leading directly to these signs and symptoms that make up the diagnosis.
>
> We also may use the term "disorder". Now a disorder does not necessarily have any pathological change in any cells, but there is some problem with functioning that is identifiable. So an example of a disorder would be attention deficit and hyperactivity disorder.
>
> Versus a syndrome: A syndrome is a list of signs and symptoms that tend to occur together.

The usual terms in psychiatry are *illness* and *disorder*. An introductory section of the American Psychiatric Association's most recent *Diagnostic and Statistical Manual of Mental Disorders*, the Fifth Edition published in 2013 (*DSM-5*), under the headline "Definition of a Mental Disorder" says "A mental disorder is a syndrome..." (p. 20). As Dr. Novella suggests, a diagnosis of "disorder" or "syndrome" is not as valid as diagnosis of a disease or illness because of the lack of a known biological cause or etiology.

Joel Paris, M.D., Professor of Psychiatry at McGill University in Montreal, essentially admits the invalidity of the concepts of mental illness and mental disorder in his book *Overdiagnosis in Psychiatry: How Modern Psychiatry Lost Its Way While Creating a Diagnosis for Almost All of Life's Misfortunes* (Oxford University Press, 2015, pp. 3-4):

> Symptoms, when they cluster together, form syndromes. But without a specific etiology, syndromes are not diseases. Since most mental illnesses remain syndromes, psychiatry describes its categories as "disorders." In other words, they do not qualify as diseases in the same way that most medical conditions do. We sometimes forget that mental disorders are convenient labels that lack any ultimate degree of reality. [underline added]

The same definitions of disease (synonymous with illness) and disorder are given by Gwen Olsen, a former pharmaceutical manufacturer sales representative, in her YouTube.com video "Pharma Not in Business of Health, Healing, Cures, Wellness" (at the 5 minute, 48 second point). She also disputes the validity of the idea of a "disorder":

> We need to be aware of what the differences are between diseases, between disorders, and between syndromes. Because if it doesn't have to be scientifically proven, if there are no tests, if there are no blood tests, CAT scans, urine tests, MRIs, if there is nothing to document that you have a disease, then you in fact do not have a disease: You have a disorder, and it has been given and has been diagnosed pretentiously.

Whether called an illness, disease, disorder, or syndrome, the reason responsibility for management, treatment, elimination, or cure is given to physicians (rather than for example police, clergy, psychologists, educators, or magicians) is belief in a biological cause.

The idea of mental illness, disease, disorder, or syndrome as a biological entity is easy to refute:

In his book *The Death of Psychiatry* (Penguin Books 1974, pp. 38-39), psychiatrist E. Fuller Torrey, M.D., wrote "None of the conditions that we now call mental 'diseases' have any known structural or functional changes in the brain which have been verified as causal." In his book *The New Psychiatry*, Columbia University psychiatry professor, Jerrold S. Maxmen, M.D., says "It is generally unrecognized

that psychiatrists are the *only* medical specialists who treat disorders that, by definition, have no definitively known causes or cures. ... A diagnosis should indicate the cause of a mental disorder, but as discussed later, since the etiologies of most mental disorders are unknown, current diagnostic systems can't reflect them" (Mentor 1985, pp. 19 & 36, italics in original). In 1988, Seymour S. Kety, M.D., Professor Emeritus of Neuroscience in Psychiatry, and Steven Matthysse, Ph.D., Associate Professor of Psychobiology, both of Harvard Medical School, said "an impartial reading of the recent literature does not provide the hoped-for clarification of the catecholamine hypotheses, nor does compelling evidence emerge for other biological differences that may characterize the brains of patients with mental disease" (*The New Harvard Guide to Psychiatry*, Harvard University Press, p. 148). In 1992 a panel of experts assembled by the U.S. Congress Office of Technology Assessment concluded: "Many questions remain about the biology of mental disorders. In fact, research has yet to identify specific biological causes for any of these disorders. ... Mental disorders are classified on the basis of symptoms because there are as yet no biological markers or laboratory tests for them" (*The Biology of Mental Disorders*, U.S. Gov't Printing Office 1992, pp. 13-14, 46-47). In a December 1996 *Psychiatric Times* article, "Commentary: Against Biologic Psychiatry", psychiatrist David Kaiser, M.D., says "modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness." In his book *The Essential Guide to Psychiatric Drugs*, Columbia University psychiatry professor Jack M. Gorman, M.D., says "We really do not know what causes any psychiatric illness" (St. Martin's Press 1997, p. 314). In his book *Blaming the Brain—The Truth About Drugs and Mental Health* (Free Press 1998, p. 125), Elliot S. Valenstein, Ph.D., Professor Emeritus of Psychology and Neuroscience at the University of Michigan, says: "Contrary to what is often claimed, no biochemical, anatomical, or functional signs have been found that reliably distinguish the brains of mental patients." According to neurologist Fred Baughman, M.D., (*Insight* magazine, June 28, 1999, p. 13) "there is no scientific data to confirm any mental illness." In their textbook *Neurobiology of Mental Illness* (Dennis S. Charney, M.D. et al., Oxford Univ. Press 1999, p. vii), three psychiatry professors at Yale University School of Medicine say "We have so far failed to identify bona fide psychiatric disease genes or to delineate the precise etiological and pathophysiological basis of mental disorders." In his book *Prozac Backlash* (Simon & Schuster 2000, pp. 192-193), Joseph Glenmullen, M.D., clinical instructor in psychiatry at Harvard Medical School, says "In medicine, strict criteria exist for calling a condition a disease. In addition to a predictable cluster of symptoms, the cause of the symptoms or some understanding of their physiology must be established. ... Psychiatry is unique among medical specialties in that... We do not yet have proof either of the cause or the physiology for any psychiatric diagnosis." In his book *Commonsense Rebellion: Debunking Psychiatry, Confronting Society* (Continuum 2001, p. 277), psychologist Bruce E. Levine, Ph.D., says "no biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder." Allen Frances, M.D., chairperson of the *DSM-IV* Task Force (the committee that created the fourth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, *DSM-IV* (1994) and *DSM-IV-TR* (2000), criticizing the proposed Fifth Edition of this book scheduled for publication in May 2013, notes that "not even 1 biological test is ready for inclusion in the criteria sets for DSM-V" ("A Warning Sign on the Road to DSM-V", psychiatrictimes.com, June 26, 2009). In his book *Saving Normal: An Insider's*

Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life, HarperCollins 2013, pp. 10, 11, 244), Dr. Frances says "The powerful new tools of molecular biology, genetics, and imaging have not yet led to laboratory tests for dementia or depression or schizophrenia or bipolar or obsessive-compulsive disorder or for any other mental disorders ... We still do not have a single laboratory test in psychiatry. ...thousands of studies on hundreds of putative biological markers [for mental illness] have so far come up empty." In 2011, Hagop Akiskal, M.D., Professor of Psychiatry at the University of California at San Diego, acknowledged that "Despite the diligent search for biomarkers for the so-called functional mental disorders during the past 100 years, nothing specific has emerged" ("Biomarkers for Mental Disorders: A Field Whose Time Has Come", psychiatrictimes.com, November 18, 2011). In 2012, Connecticut psychiatrist Simon Sobo, M.D., acknowledged "We haven't yet discovered the etiology of any DSM-IV diagnosis" ("Does Evidence-Based Medicine Discourage Richer Assessment of Psychopathology and Treatment?" psychiatrictimes.com, April 5, 2012). In a lecture at the University of New England on February 25, 2013, British psychiatrist Joanna Moncrieff, M.B.B.S., M.Sc., MRCPsych, M.D., said "There is just absolutely no evidence that anyone with any mental disorder has a chemical imbalance of any sort...absolutely none" ("Joanna Moncrieff—The Myth of the Chemical Cure; The Politics of Psychiatric Drug Treatment", YouTube.com, at 53:52). In 1991 in his book *Toxic Psychiatry*, psychiatrist Peter Breggin, M.D., said "there is no evidence that any of the common psychological or psychiatric disorders have a genetic or biological component" (St. Martin's Press, p. 291). 24 years later, on the Coast-to-Coast AM radio show on February 9, 2015, Dr. Breggin said "There is no known physical connection to any psychiatric disorder. There is no genetically determined cause. It's all drug company propaganda, because the pharmaceutical industry with its billions of [advertising] dollars, and the medical industry, thinks you're more likely to take drugs if you think you have a genetic or biological disease." In 2015 in his book *Deadly Psychiatry and Organized Denial*, Dr. Peter C. Gøtzsche, a physician specializing in internal medicine, and professor of Clinical Research Design and Analysis at the University of Copenhagen, said "it hasn't been possible to demonstrate that people suffering from common mental disorders have brains that are different from healthy people's brains" (People's Press, p. 26).

So if mental illnesses, mental diseases, or mental disorders or syndromes must have a biological etiology or cause to qualify as illness, disease, disorder, or syndrome, none have been proved to exist.

What has happened is this: Biologically normal people can perform or engage in a very wide range of thinking and behavior, only a narrow portion of which is acceptable to people in any given society. People, including psychiatrists, *assume* without proof that any thinking or behavior outside what is socially acceptable in any particular society must be caused by a biological abnormality. This unfounded assumption results in people who think or do things others dislike being thought to have biological problems when in fact they have none. *When you falsely blame biological abnormality for behavior or thinking you dislike, you have created the myth of mental illness*.

It is sometimes argued that psychiatric drugs "curing" (stopping) the thinking, emotions, or behavior that is called mental illness, disease, disorder, or syndrome proves the existence of biological causes of these supposed illnesses, disorders, or syndromes. Referring to psychiatric drugs, a psychologist once said to me "If the cure is biochemical, the cause must be biochemical." This argument is nonsense for two reasons: First, aside from placebo effect, psychiatric drugs *don't* work, as

I explain in *Psychiatric Drugs: Cure or Quackery?* Second, stopping anything a person is doing by giving him a toxic, disabling drug proves nothing pathological about the behavior you are trying to stop: Suppose someone was playing the piano and you didn't like him doing that. Suppose you forced or persuaded him to take a drug that disabled him so severely that he couldn't play the piano anymore. Would this prove his piano playing was a disorder or was caused by a biological abnormality or illness that was treated or cured by the drug? Most if not all psychiatric drugs are neurotoxic, producing a greater or lesser degree of general neurological disability. So they *do* stop disliked behavior and may mentally disable a person enough he can no longer feel angry or unhappy or "depressed". But this approach is destructive because it wipes out as much good as bad in a person's thinking, emotions, and behavior. Calling it a "treatment" or "cure" is absurd. Extrapolating from this that the drug must have cured an underlying biological abnormality that was causing the disliked emotions or behavior is equally absurd.

When confronted with the lack of evidence for their belief in mental illness, disease, disorder or syndrome as a biological entity, some defenders of the concept of mental illness or disorder, etc., will assert that mental illness or disorder can exist and can be defined as a "disease" (or illness or disorder) *without* there being a biological abnormality causing it. The idea of mental disease, illness, disorder, or syndrome as a nonbiological entity requires a more lengthy refutation than the biological argument.

People are thought of as mentally ill or disordered only when their thinking, emotions, or behavior is contrary to what is considered acceptable, that is, when others (or the so-called patients themselves) dislike something about them. One way to show the absurdity of calling something a disease, illness, disorder, or syndrome not because it is caused by a biological abnormality but only because we dislike it or disapprove of it is to look at how values differ from one culture to another and how values change over time.

In his book *The Psychology of Self-Esteem*, Nathaniel Branden, Ph.D., a psychologist, wrote:

> One of the prime tasks of the science of psychology is to provide definitions of mental health and mental illness. ...But there is no general agreement among psychologists and psychiatrists about the nature of mental health or mental illness—no generally accepted definitions, no basic standard by which to gauge one psychological state or other. Many writers declare that no objective definitions and standards can be established—that a basic, universally applicable concept of mental health is impossible. They assert that, since behavior which is regarded as healthy or normal in one culture may be regarded as neurotic or aberrated in another, all criteria are a matter of "cultural bias." The theorists who maintain this position usually insist that the closest one can come to a definition of mental health is: conformity to cultural norms. Thus, they declare that a man is psychologically healthy to the extent that he is "well-adjusted" to his culture. ... The obvious questions that such a definition raises, are: What if the values and norms of a given society are *irrational?* Can mental health consist of being well-adjusted to the irrational? What about Nazi Germany, for instance? Is a cheerful servant of the Nazi state — who feels serenely and happily at home in his social environment — an exponent of mental health? [Bantam Books 1969, pp. 95-96, italics in original]

Dr. Branden is doing several things here: First, he is confusing morality and rationality, saying that respect for human rights is rational when in fact it is not a question of rationality but rather of morality. So psychologically and emotionally locked into and blinded by his values is he that Dr. Branden is

evidently incapable of seeing the difference. Additionally, Dr. Branden is stating some of his values. Among these values are: Respect for human rights is good; violation of human rights (like Naziism) is bad. And he is saying: Violating these values is "irrationality" or mental illness. Although their practitioners won't admit it and often are not even aware of it, psychiatry and "clinical" psychology in their very essence are about values—values concealed under a veneer of language that makes it sound like they are not furthering values but promoting "health". The answer to the question Dr. Branden poses is this: A person living in Nazi Germany and well-adjusted to it *was* "mentally healthy" judged by the values of his own society. Judged by the values of a society in which human rights are respected, he was as sick (metaphorically speaking) as the rest of his culture. A person like myself however says such a person is *morally* "sick" and recognizes that the word *sick* has not its literal but a metaphorical meaning. To a person like Dr. Branden who believes in the myth of mental illness, such a person is literally sick and needs a *doctor*. The difference is a person like myself is recognizing my values for what they are: morality. Typically, the believer in mental illness, such as Dr. Branden in this quoted passage, has the same values as I do but is confusing them with health.

One of the most revealing examples is homosexuality, which was officially defined as a mental disorder by the American Psychiatric Association until 1973 but hasn't been since then, although some psychiatrists continued to think of homosexuality as a psychological or psychiatric abnormality or disorder for many years after that, and perhaps some still do. For example, "Even Robert Spitzer, M.D., the chief developer of DSM-III and called by some the psychiatrist of our time, recommended reparative psychotherapy for homosexuality in 2003" (H. Steven Moffic, M.D., "How to End a Psychiatric Epidemic: The Redemption of Psychiatry", psychiatrictimes.com, June 11, 2012). Homosexuality was defined as a mental disorder, a "Sexual deviation", on page 44 of the American Psychiatric Association's standard reference book, *DSM-II: Diagnostic and Statistical Manual of Mental Disorders* (the 2nd Edition), published in 1968. In 1973 the American Psychiatric Association voted to remove homosexuality from its official categories of mental disorder. (See "An Instant Cure", *Time* magazine, April 1, 1974, p. 45). So when the third edition of this book was published in 1980 it said "homosexuality itself is not considered a mental disorder" (p. 282). The 1987 edition of *The Merck Manual of Diagnosis and Therapy* states: "The American Psychiatric Association no longer considers homosexuality a psychiatric disease" (p. 1495; note the confusion of "disorder" with "disease"). If mental illness were really an illness in the same sense that physical diseases are, the idea of deleting homosexuality or anything else from the categories of illness by having a vote would be as absurd as a group of physicians voting to delete cancer or measles from the concept of disease. The fact that mental disorders can be created or eliminated by having a vote shows they are more like criminal laws than diseases. Mental illness *isn't* "an illness like any other illness" because, unlike physical disease where there are physical facts to deal with, mental "illness" or "disorder" cannot be demonstrated to exist by reference to anything physical. Unlike physical disease, mental illness or disorder is entirely a question of values, of right and wrong, of appropriate versus inappropriate. At one time homosexuality seemed so weird and hard to understand it was necessary to invoke the concept of mental disease, illness, or disorder to explain it. After homosexuals successfully demanded tolerance of their type of sexuality, it was no longer necessary and no longer seemed appropriate to explain homosexuality as a mental illness or mental disorder. In 2003 the highest court of Massachusetts ruled in favor of a right under the state constitution for homosexuals to marry a person

of the same gender (*Goodridge v. Department of Public Health*, 798 NE2d 941). Later the highest courts of California (*In re Marriage Cases*, 183 P3d 384), Connecticut (*Kerrigan v. Commissioner of Public Health*, 957 A2d 407), and Iowa (*Varnum v. Brien*, 763 NW2d 862) did also. Elected officials as high as U.S. President Barack Obama, a Democrat, criticized people who discriminate against or have negative attitudes towards homosexuals, as did many speakers at the 2012 Democratic Party Convention. The 2012 Democratic Party Platform says "We support marriage equality and support the movement to secure equal treatment under law for same-sex couples." On November 6, 2012 a majority of voters approved same-sex marriage by referendum in the states of Maryland, Maine, and Washington, the first time homosexual marriage was authorized by general election voters rather than by courts or state legislatures. On June 26, 2015, the U.S. Supreme Court, by a 5 to 4 vote, ruled states are required by the Equal Protection Clause of the Fourteenth Amendment to issue marriage licenses to and recognize marriages between same-sex couples. In the span of a few decades, homosexuality went from being a mental illness or disorder to being a celebrated cause. Not coincidentally, the theories about biological abnormalities causing homosexuality I used to hear are no longer heard. As will become more apparent as we look at more examples, cultural values rather than biology define what is and is not a mental disorder.

Biological abnormalities are no more responsible for today's so-called mental illnesses than they are, or were, for homosexuality. Even if biological abnormalities were or are responsible for homosexuality and other supposed mental disorders, we wouldn't call them illnesses or disorders if we accepted those differences. The defining characteristic of a mental disorder is simply *disapproval*.

THE DEFINING CHARACTERISTIC OF MENTAL DISORDER IS SIMPLY *DISAPPROVAL*

Homosexuality is not the only mental illness or disorder abolished by psychiatric fiat: *Neurosis*, once thought a common problem, was abolished with the publication of *DSM-III* in 1980. *DSM-III's* Introduction (p. 9) says the concept of neurosis was abolished in part because "there is no consensus in our field as to how to define 'neurosis.'"

Being too active as a heterosexual has also been considered a form of mental illness or disorder. In a June 19, 2012 *Psychiatric Times* article, "History of Psychiatry—Hypersexual Disorder: An Encounter With Don Juan in the Archives", psychiatrictimes.com, Greg Eghigian, Ph.D., says that "Don-Juanism, or Don Juan syndrome, was indeed a recognized diagnosis that referred to forms of male hypersexuality. In history, it was most commonly known as *satyriasis*." He quotes physician Michael Ryan who in 1839 said—

> Satyriasis and nymphomania are diseases in which the sufferers evince an irresistible desire for copulation, as well as abuse of the reproductive functions. The first disease attacks the male, the second the female. M.Deslandes is of opinion, and I fully agree with him, that there is no real difference between these diseases and unbridled masturbation; and that both ought to be considered species of insanity.

Contrast this 19th Century view of insanity, or what is now usually called mental illness, with that of the late 20th Century after attitudes about sexuality had changed: The 1970s and 1980s saw the birth of a *new* psychiatric "diagnosis" which is called by various names. One of the more popular terms for this new mental or psychiatric disease is ISD. These three letters stand for Inhibited Sexual Desire. A *Reader's Digest* article in 1989 says "Psychiatrists and psychologists say that lack of sexual desire—commonly called Inhibited Sexual Desire (ISD)—has emerged as the most common of all sexual complaints." The article says research on ISD is insufficient because "ISD ... was identified as a clinical entity only in the past decade." The article refers to people who have this problem as "ISD patients" (David Gelman, "Not Tonight Dear", *Reader's Digest*, June 1989, p. 33 at 33-34. See also: Dr. Jennifer Knopf and Dr. Michael Seiler, *ISD—Inhibited Sexual Desire*, Warner Books 1990). ISD was officially recognized as a mental illness or disorder for the first time in the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*, published in 1980. It appeared in *DSM-III's* "Psychosexual Disorders" chapter as "Inhibited Sexual Desire" (p. 278) and "Inhibited Sexual Excitement" which the Manual says "has also been termed frigidity or impotence" (p. 279). This supposed disorder was carried forward into *DSM-III-R* (1987) as "Hypoactive Sexual Desire Disorder" wherein it is defined as "Persistently or recurrently deficient or absent sexual fantasies and desire for sexual activity" (p. 293) and into *DSM-IV-TR* (published in 2000, pp. 539-541) under the same name and *DSM-5* (published in 2013) as "Male Hypoactive Sexual Desire Disorder" (p. 440) and "Female Sexual Interest/Arousal Disorder" (p. 433).

The above 1839 reference to "unbridled masturbation...that...ought to be considered [a] species of insanity", can be contrasted with attitudes about masturbation today. An article in a popular women's magazine in 1989 says "Many doctors and therapists acknowledge that masturbation can improve both your physical health and your mental outlook" (Beverly Whipple and Gina Ogden, "Learning To Be Your Own Best (Sexual) Friend", *Cosmopolitan* magazine, September 1989, p. 122). As psychiatry professor Thomas S. Szasz, M.D., says in his book *The Second Sin* (Doubleday 1973, p. 10): "Masturbation: the primary sexual activity of mankind. In the nineteenth century, it was a disease; in the twentieth, it's a cure."

At one time racism was common and accepted by most people as normal, but after racist attitudes were rejected, "those guilty of racism were considered to have a psychological disorder" (according to psychiatrist H. Steven Moffic, M.D., in his article "Psychism: Defining Discrimination of Psychiatry", psychiatrictimes.com, June 4, 2012). At the March 1975 meeting of the American Orthopsychiatric Association, the Association's Committee on Minority Group Children said "Racism is probably the only contagious mental disease" (A. Herndon, "Racism Said to Be America's Chief Mental Health Problem," *Psychiatric News*, January 21, 1976, pp. 1, 30, cited in Szasz, *Schizophrenia, The Sacred Symbol of Psychiatry*, pp. 190 & 227). Might racism be caused by a biological abnormality in the brain of a racist? Can mental illnesses be the result of teaching or indoctrination?

A cross-cultural example is suicide. In many countries, such as the United States and Great Britain, a person who commits suicide or attempts to do so or even thinks about it seriously is considered mentally ill. However, this has not always been true throughout human history, nor is it true today in all cultures around the world. In his book *Why Suicide?*, psychologist Eustace Chesser points out that "Neither Hinduism nor Buddhism have any intrinsic objections to suicide and in some forms of Buddhism self-incineration is believed to confer special merit." He also points out that "The Celts

scorned to wait for old age and enfeeblement. They believed that those who committed suicide before their powers waned went to heaven, and those who died of sickness or became senile went to hell—an interesting reversal of Christian doctrine" (Arrow Books Ltd., London, England, 1968, p. 121-122). In his book *Fighting Depression*, psychiatrist Harvey M. Ross, M.D., points out that "Some cultures expect the wife to throw herself on her husband's funeral pyre" (Larchmont Books 1975, p. 20). Probably the best known example of a society where suicide is socially acceptable is Japan. Rather than thinking of suicide or "hara-kiri" as the Japanese call it as almost always caused by a mental disease or illness, the Japanese in some circumstances consider suicide the normal, socially acceptable thing to do, such as when one "loses face" or is humiliated by some sort of failure. Another example showing suicide is considered normal, not crazy, in Japanese eyes is the kamikaze pilots Japan used against the U.S. Navy in World War II. They were given enough fuel for a one-way trip, a suicide mission, to where the attacking U.S. Navy forces were located and deliberately crashed their airplanes into the enemy ships. There has never been an American kamikaze pilot, at least, none officially sponsored by the United States government. The reason for this is different attitudes about suicide in Japan and America. Could suicide be committed only by people with psychiatric illnesses in America and yet be performed by normal persons in Japan? Or is acceptance of suicide in Japan a failure or refusal to recognize the presence of biological or psychological abnormalities which necessarily must be present for a person to voluntarily end his or her own life? Were the kamikaze pilots mentally ill, or did they and the society they come from simply have different values than we do? Even in America, aren't virtually suicidal acts done for the sake of one's fellow soldiers or for one's country during wartime thought of not as insanity but as bravery? As psychologist Edwin S. Shneidman says in his book *The Suicidal Mind* (Oxford University Press 1996, p. 5), "Some suicidal acts committed by people on what we call 'suicide missions' or who commit aberrant acts of terrorism are, when done by *our* side (in times of war), honored and rewarded by medals" (italics in original). Why do we think of such persons as heros rather than lunatics? It seems we condemn (or "diagnose") suicidal people as crazy or mentally ill only when they end their own lives for selfish reasons (the "I can't take it any more" kinds of reasons) rather than for the benefit of other people. The real issue seems to be selfishness rather than suicide.

What these examples show is that mental "illness", "disease", "disorder" or "syndrome" is simply deviance from what people want or expect in any particular society at any particular time and is not the result of biological abnormality. *Mental "illness" or "disorder" is anything in human mentality greatly disliked by the person describing it.*

BECAUSE PSYCHIATRY ASSUMES *BIOLOGICAL* PROBLEMS CAUSE "MENTAL DISORDERS", THE PROFESSION IS BUILT AROUND A MISTAKEN PARADIGM

The situation was aptly summed up in an article in the November 1986 *Omni* magazine (Gurney Williams III, "Psychofashion", *Omni* magazine, November 1986, p. 30):

> Disorders come and go. Even Sigmund Freud's concept of neurosis was dropped in the original *DSM-III* (1980). And in 1973 APA [American Psychiatric Association] trustees

> voted to wipe out almost all references to homosexuality as a disorder. Before the vote, being gay was considered a psychiatric problem. After the vote the disorder was relegated to psychiatry's attic. "It's a matter of fashion," says Dr. John Spiegel of Brandeis University, who was president of the APA in 1973, when the debate over homosexuality flared. "And fashions keep changing."

What is wrong with this approach is describing people as having a psychiatric disease, illness, disorder, or syndrome only because he or she doesn't match up with a supposed diagnostician's or with other people's idea of how a person "should" be in standards of dress, behavior, thinking, or opinion. When a person's behavior violates the rights of others, it must be curbed or stopped with various measures, criminal law being one example. But assuming nonconformity or disliked behavior must be caused by biological abnormality only because it is contrary to currently prevailing values makes no sense.

One reason we do this is we do not know the *real* reasons for the thinking, emotions, or behavior we dislike. When we don't understand the real reasons, we create myths to provide an explanation. In prior centuries people used myths of evil spirit or demon possession to explain unacceptable thinking or behavior. Today most of us instead believe in the myth of mental illness. Believing in mythological entities such as evil spirits or mental illnesses gives an illusion of understanding, and believing a myth is more comfortable than acknowledging ignorance.

Because psychiatry is based on the assumption *biological* abnormality causes what is thought of as mental illness or disorder, the profession is predicated upon a mistaken paradigm. As psychiatry professor Thomas Szasz says in his book *The Second Sin* (Anchor Press 1973, p. 99), *trying to eliminate a mental illness by having a psychiatrist work on your brain is like trying eliminate cigarette commercials from television by having a TV repairman work on your TV set*. Biological "treatments" make no sense if the problem is not biological, and psychiatry has utterly and completely failed to prove what it "treats" is the result of biological abnormality. Looking for biological causes of "mental disorders" is like looking for electronic causes of bad television programs.

LOOKING FOR BIOLOGICAL CAUSES OF MENTAL DISORDERS IS LIKE LOOKING FOR ELECTRONIC CAUSES OF BAD TELEVISION PROGRAMS

What if we *did* find a biological cause of a supposed mental illness, mental disorder, or mental disease or "syndrome"? In the words of psychiatry professor Thomas Szasz:

> Of course, there is no blood or other biological test to ascertain the presence of absence of a mental illness, as there is for most bodily diseases. If such a test were developed (for what, theretofore, had been considered a psychiatric illness), then as I noted earlier, the condition would cease to be a mental illness and would be classified, instead, as a symptom of bodily disease. [*A Lexicon of Lunacy*, Transaction Publishers 1993, p. 33]

Examples of actual biological disease that cause mental changes are brain cancer, stroke, and bacterial or viral infection of the brain. Are these changes thought of as mental illness, mental disease, or as mental disorders or syndromes? No: Mental changes caused by known biological abnormality, or

disease, are thought of only as symptoms of bodily disease. Since nothing can be a true illness, disease, disorder, or medical syndrome without a biological abnormality, "mental illness," "mental disorder" and "mental disease" and similar terms are oxymorons: They are internally contradictory, nonsensical terms.

Calling disapproved thinking, emotions, or behavior a mental illness or disorder might be excusable if mental illness was a useful myth, but it isn't, because an incorrectly diagnosed problem usually leads to counterproductive solutions. Rather than helping us deal with troubled or troublesome persons, the myth of mental illness distracts us from the real problems that need to be faced. Rather than being caused by a "chemical imbalance" or other biological problem, the nonconformity, misbehavior, and emotional reactions we call mental illness, disease, disorder, or syndrome are the result of difficulties people have getting their needs met and the behavior some people have *learned* during their lifetimes. The solutions are teaching people how to get their needs met, how to behave, and using whatever powers of enforcement are needed to force people to respect the rights of others. These are the tasks of education and law enforcement, not medicine or therapy.

Recommended Reading

Thomas S. Szasz, M.D., *The Myth of Mental Illness* (Dell Pub. Co. 1961)

Thomas S. Szasz, M.D., *The Second Sin* (Anchor Press 1973)

E. Fuller Torrey, M.D., *The Death of Psychiatry* (hardcover: Chilton Book Co./paperback: Penguin Books, Inc. 1974)

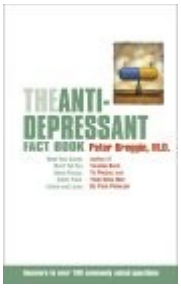
Recommended Video

Stefan Molyneux, "There Is No Such Thing as Mental Illness", YouTube.com.

The author is a volunteer (pro bono) attorney for the Law Project for Psychiatric Rights (psychrights.org) and may be reached at wayneramsay (at) mail (dot) com

Book Review: Antidepressant Fact Book-by Breggin

10–13 minutes



Book Review

The Anti-Depressant Fact Book

What Your Doctor Won't Tell You
About Prozac, Zoloft, Paxil, Celexa, and Luvox

Perseus Publishing - Cambridge, Massachusetts
copyright 2001, paperback

by Peter R. Breggin, M.D.

reviewed by
Douglas A. Smith

I thoroughly enjoyed reading this book because it says so clearly and convincingly what I have believed for a long time about the myth of biologically caused depression and about so-called antidepressant drugs and so-called electroconvulsive "therapy" (ECT).

Of the idea of biologically caused depression, the author, psychiatrist Peter Breggin, says "It is a mistake to view depressed feelings or even severely depressed feelings as a 'disease'" (p. 14) and "There is still no reason to define grief, dejection, or melancholia as a 'disease' simply because it is severe or lasting" (p. 19). He says "...in psychiatry, none of the problems are proven to originate in the brain" (p. 169) and that "Depression is never defined by an objective physical finding, such as a blood test or brain scan. ... Attempts have also been made to find physical markers for depression, the equivalent of lab tests that indicate liver disease or a recent heart attack. Despite decades of research, thousands of research studies, and hundreds of millions of dollars in expense, no marker for depression has been found" (pp. 18 & 22).

Of the theory behind the so-called SSRI or selective serotonin reuptake inhibitor "antidepressants" Dr. Breggin says "In reality, science does not have the ability to measure the levels of any biochemical in the tiny spaces between nerve cells (the synapses) in the brain of a human being. All the talk about biochemical imbalances is sheer speculation aimed at promoting psychiatric drugs. ... science has almost no understanding of how the widespread serotonin system functions in the brain. Basically, we don't know what it does." (pp. 21 & 42).

Of drugs used to "treat" this nonexistent disease called depression he says "The term 'antidepressant' should always be thought of with quotation marks around it because there is little or no reason to believe that these drugs target depression or depressed feelings" (p. 14). He says "Impairing our emotional awareness and our intellectual acuity with psychoactive drugs such as SSRI antidepressants [including Prozac, Paxil, and Zoloft] tends to impede the process of overcoming depression" (p. 26). About the foolishness of the beliefs of most people about psychiatric drugs he says**:**

> Overall, we're a rather sophisticated citizenry with a fairly high index of suspicion about the products we buy and the corporations that influence our lives. But something happens to us when we are dealing with companies that make prescription medicines. Perhaps it's the aura of FDA approval. Perhaps it's the passage of these drugs through the trusted hands of our physicians. Perhaps it's the cleverness of the ad campaigns. Perhaps we just can't believe that anyone would sell poison as if it were a miracle cure. [p. 2]

That's right**:** He said "poison." Psychiatric drugs are *poisons*. In a chapter titled "Damaging the Brain with SSRI Antidepressants," Dr. Breggin says "the evidence is piling up that SSRIs cause permanent brain damage" (p. 38). Let's stop concealing or minimizing this truth as we do when we call psychiatric drugs "medications" or say they are merely "ineffective" or "harmful" or even "neurotoxic." Lawyers trying to defend us from outpatient commitment laws (as they are called in the USA) or laws authorizing "community treatment orders" (CTOs) (as such laws are called in Canada) should stop accepting the terminology of those advocating forced psychiatric drugging. Lawyers trying to defend us from forced psychiatric drugging should not go into court and say the so-called patient should not be ordered "to take his medication." Because psychiatric drugs are poisons, and because most that are administered by force cause permanent brain damage, lawyers representing people threatened with forced psychiatric drugging should tell it like it is and say, "Judge, the question presented for your decision today is whether my client should be ordered to swallow poison - poison that is known to cause permanent brain damage." Letting advocates of forced psychiatric treatment get away with calling brain-damaging poisons "medications" is hurting our cause. It has been said**:** *Whoever controls the language controls the perceived reality of those who have it.* Let's not let the advocates of forced psychiatric "treatment" and those who would persuade gullible people to take harmful drugs win because they use deceptive semantics.

In the Introduction Dr. Breggin reveals why pharmaceutical companies would do something as evil as hoodwink people into believing poisons are in fact miracle cures. He says**:** "In the previous year [1999], Prozac had generated more than one-quarter of the company's [Eli Lilly & Company's] $10 billion in revenue" and that "Prozac, Zoloft, and Paxil are among the top-selling drugs in the United States, with total sales exceeding $4 billion per year" (p. 1). We apparently can't expect pharmaceutical companies to bypass enormous profits just because the drugs they sell are hurting people.

Throughout this book Dr. Breggin points an accusing finger at the USA's Food and Drug Administration (FDA), which is given the responsibility of keeping harmful drugs off the market in the USA. After reviewing how the FDA had to accept misleading, manipulated data to approve SSRI antidepressants as safe and effective, and after reviewing the harm done by these drugs, he says "If the FDA had been more responsible, these continuing tragedies could have been avoided. ... When I began my review of FDA documents as a medical expert in product liability suits against Eli Lilly and Co., I was shocked and disillusioned by what I found. Until that time, I had not fully confronted the willingness of the FDA to protect drug companies, even at the cost of human life." (pp. 78-79). He says "The Food and Drug Administration (FDA) has forsaken its watchdog role. Instead, FDA officials climb like puppies into the laps of drug company executives who might some day hire them at enormous salaries" (p. 181).

One of the reasons I like this book is in it Dr. Breggin is as bold as he has been in any of his previous books when describing the pseudoscience called biological psychiatry and the harm done by its so-called treatments. For example, speaking of psychiatric drugs he says -

- "If a drug has an effect on the brain, it is harming the brain. Science has not found or synthesized any psychoactive substances that improve normal brain function. Instead, all of them impair brain function. ... antidepressants are typically prescribed in doses that cause a wide variety of adverse effects in most patients and significantly harm a great many people" (p. 168).
- "FDA approval by no means indicates that a drug is truly effective. ... the combined efforts of the drug company and the FDA could not come up with even

one good study that unequivocally supported the value of Prozac in comparison to placebo" (p. 151).

- "Overall, the results suggest that placebo is actually much better than an antidepressant" (p. 145).
- "If anything, as I've already indicated, antidepressants worsen severe depression and suicidal tendencies" (p. 170).
- "Nothing reinforces depression more than having your brain befuddled by psychiatric drugs, unless it is having your mind befuddled by false ideas about the biological or genetic origin of your suffering" (p. 189).
- "Lithium, for example, is a toxic element that suppresses over-all brain function..." (p. 125)
- "There are so many potential hazards involved in taking SSRIs that no physician is capable of remembering all of them and no patient can be adequately informed about the dangers without spending days or weeks reviewing the subject in a medical library" (p. 107).

Of electroconvulsive "therapy" (ECT) he says -

- "Damaging the brain to impair brain function lies at the heart of *all* the physical treatments in psychiatry. Shock and lobotomy are merely the most egregious examples" (p. 155, italics in original).
- He deplores "the willingness of psychiatry to defend its treatments no matter how obviously damaging to the brain" (ibid).
- "In my clinical and forensic experience, patients and their families are never told the truth about how dangerous shock is; otherwise they would not consent to it. Shock advocates tend to tell patients that memory loss is temporary and surrounds the treatment time only, when in reality the memory loss can wipe out years of educational and career knowledge. ... Nurses, teachers, and other professionals may never again be able to function in their jobs. Like head injury patients from other causes, such as automobile accidents and lighting strikes, general mental function is often impaired for the rest of their lives. Advocates [of ECT] ignore this by chalking it up to the patient's 'mental illness.'" (pp. 160-161).
- "Electroshock treatment causes brain damage and, in my clinical experience, can cause lasting depression" (p. 141). This of course is in contrast to psychiatry's claim that by some unknown means ECT relieves depression.
- "The question is not 'Does shock treatment cause brain dysfunction and damage?' A series of shocks to the head sufficient to cause convulsions will always produce brain dysfunction and damage. The real question is 'How completely can a person recover from shock?'" (p. 162).
- Advocates of shock claim that newer methods make it safer. ... Instead, it's more dangerous. ... modified ECT requires the use of higher amounts of electrical charge than were used in the early animal experiments that showed brain damage and cell death" (p. 163).
- "In my clinical experience, the brain damage [caused by electroconvulsive therapy, or ECT] makes people feel more hopeless and resentful, and hence more suicidal" (p. 164).
- "Several state legislatures have passed laws banning shock treatment for children. It's now time to ban it for adults a well" (p. 165).